

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/599025

FILING DATE

APPLICANT(S)

Att 34

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		2		2		1
4		①		①		1
5		①		①		1
6		①		①		1
7		①		①		1
8		①		①		1
9	1			①		1
10		1		①		1
11		2		①		1
12		①	1		1	
13		①		1		1
14		①		2		1
15		①		①		1
16		①		①		1
17		①		①		1
18		①		①		1
19		①		①		1
20	1			①		1
21		1		①		1
22		2		①		1
23		①	1		1	
24		①		1		1
25		①		2		1
26		①		①		1
27		①		①		1
28		①		①		1
29		①		①		1
30	1			①		2
31		1		①		2
32		2		①		1
33		2	1		1	
34		①		1		1
35		①		2		1
36				2		1
37						1
38				①		1
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50						
TOTAL IND.	4	↓	4	↓	4	↓
TOTAL DEP.	36	←	38	←	36	←
TOTAL CLAIMS	40		42		40	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						